WHERE PAIN IS A 4 LETTER WORD
HANS C. HANSEN MD FI PP ABI PP
Board, ASI PP, Pres. 2013-2014
Executive Director, North Carolina Society of Interventional Pain Physicians
Medical Director, The Pain Relief Centers, PA Conover, North Carolina
Publications: ASI PP
No outside funding, no grants, Depomed speakers bureau, Borrowed slides-ASAM,PSS
WHAT’S A REAL PAIN CLINIC ANYHOW?

WATME APPROACH
Excel at mediocrity!

HYBRID

FULL ON

DABBLERS

PERCEPTIONS
EVERYONE wants the **BEST** for our patients

WE WANT AN **UNEVENTFUL** PROFESSIONAL EXISTANCE

PAIN MEDICINE IS A **HIGH QUALITY** CAREER CHOICE THAT OFFERS MEANING TO SOCIETY
GIVEN: THE PRACTICE OF PAIN MEDICINE IS A HIGH RISK SPECIALTY - LAX MANCHIKANTI

GIVEN: PATIENTS EXPECT HIGH QUALITY CARE, WITHOUT CONSEQUENCE OR COMPLICATION, AND THE RIGHT TO SUE FOR A BAD OUTCOME OR DEVIATION FROM STANDARD OF CARE

GIVEN: YOU WANT LOW RISK TREATMENT OPTIONS THAT AFFORD A GOOD EXPERIENCE FOR OUR PATIENTS AND TO --- FIRST DO NO HARM

It would appear that PAIN MEDICINE is another significant point of liability
“The bottom line is there will never be enough specialists to deal with the problem.”

Scott Fishman, MD

THIS IS NOT TRUE.....
OXYCONTIN

- NO CEILING EFFECT
- NO ACETAMINOPHEN ISSUES
- TITRATABLE
- MINIMAL STREET USE

WATME 1998
An expert is a man that has made all mistakes possible in a narrow field of experience.

Albert Einstein
Pain Management Specialist’s ROLE:

IMPROVE QUALITY OF LIFE

REDUCE & SUFFERING OF PATIENTS WITH ACUTE & CHRONIC PAIN
Introduction

• Pain is crossspecialty
• The most common routine complaint in a primary care setting
• 90% of all medical illness has pain as chief complaint
• Mismanagement at any level is costly and associated with a high level morbidity
• Early diagnosis is cost effective and enhances outcome
• Pain is a symptom and not a disease
• There is rarely one pain generator
• For pain to be a disease, a diagnosis is necessary
• Therefore chronic pain when appropriately diagnosed IS A DISEASE
• IPM is a powerful tool to define a diagnosis
WE JUST WANT TO MAKE YOU HAPPY

Before treatment

After treatment
WHAT IS PAIN

WHY NOBODY LIKES TO TREAT PAIN

RISK

SCIENCE OF PAIN

WHAT’S THE EVIDENCE

DRUGS, DRUGS, DRUGS

PUT IT TOGETHER -- TREATING PEOPLE
WHAT IS PAIN

PAIN IS NOT AN OPIATE DEFICIENCY
PAIN IS NOT A TRADITIONAL DISEASE- WE HEAL, BUT DO NOT CURE

“PAIN IS AN UNPLEASANT SENSORY AND/OR EMOTIONAL EXPERIENCE BASED ON ACTUAL OR POTENTIAL TISSUE DAMAGE”

MERSKI: THE CLASSIFICATION OF PAIN

PAIN IS BIOPSYCHOSOCIAL
Pain is ....

BIO/PSYCHO/SOCIAL

BIOLOGICAL

PSYCHOLOGICAL

SOCIAL

ADD RELIGIOUS
Psychosocial
- Psychological (Genetic factors)
  - Depression
  - Anxiety
  - Somatoform disorder
  - Personality disorder
  - Atypical stress responsivity

Social and Environmental
- Circumstances of drug use
  - Poverty
  - Childhood abuse
  - Unemployment
  - Peer pressure

Drug
- Initiation
  - Stimulates mesocorticolimbic reward circuitry
  - Mode of administration/formulation enhances euphoria (e.g., IV, snorted)
- Maintenance
  - Produces tolerance and dependence (negative reinforcement)
  - Produces enduring neuroadaptations associated with lifelong craving
- Withdrawal and Abstinence
  - Anhedonic state
  - Negative reinforcement

Genetic
- Vulnerability
  - Family history of addiction
  - Personality disorder
  - Gene variants associated with risk taking and impulsivity (initiation phase)
  - Atypical stress responsivity

Drug Disposition
- Pharmacokinetic genes affecting drug metabolism and transport
- Pharmacodynamic genes affecting pain and analgesic responses, dependence and addiction
‘EVERY DAY IS LIKE THE JERRY SPRINGER SHOW’

CONNIE Z. R.N. CCM
The most powerful person in the room is the victim...
Southern Dragon

“Elvis Walmarticus”

- Multiple Tattoo’s- T TO T RATIO
- WAS RIGHT! Billy Ray Cyrus will have a comeback
- NASCAR/DISNEY T-shirt
- Disability is a degree
- Gravy is a beverage
5 RULES OF PAIN TREATMENT

FUNCTION!
1. Pain is a *description* and not an *entity*

2. **YOU MUST HAVE A DIAGNOSIS**
   **BE DEFENSIBLE**

3. **REFERRAL RULE**
   **CAN I REALLY DO THIS SAFELY**

4. **Know Thy Meds**
   **5 CLASSES, PICK 5**

   **DO YOU KNOW YOUR MEDS? ACLS, INJECTABLES**
From a compassionate standpoint I want to relieve pain ...

From a realistic standpoint I must improve function

5. DO NOT CHASE PAIN!

Injections are not always our best choice
PAIN

WHAT IS PAIN

WHY NOBODY LIKES TO TREAT PAIN RISK

SCIENCE OF PAIN

WHAT’S THE EVIDENCE

DRUGS, DRUGS, DRUGS

PUT IT TOGETHER -- TREATING PEOPLE
RISK MANAGEMENT IS THE PROCESS OF CONTROLLING LOSS
‘IF NO ONE TOOK RISKS, MICHELANGELO WOULD HAVE PAINTED THE SISTINE FLOOR’

NEIL SIMON
Review Risk Management & Develop Methods to:

- Improve **QUALITY OF CARE**
- Mechanism to ID **RISK**
- Liability reduction tools
  - QI plan
  - Indicators
TIP OF THE PEN

Is the risk reward benefit in our favor?

LAZARUS PROJECT
RISK FACTORS

FOUR SIGNIFICANT ITEMS - MANCHIKANTI

• DECEPTION, LYING
• DOCTOR SHOPPING
• CURRENT/PRIOR ILLICIT USE AND DENIAL
• EXCESSIVE NEEDS

TOOLS ARE A HELP, BUT VERIFY WITH TESTING

PREVALENCE OF DRUG ABUSE IN THOSE TAKING OPIOIDS FOR CHRONIC PAIN BETWEEN 9% AND 41%

MEDICAID PATIENTS ARE MORE LIKELY TO RECEIVE OPIATES, VISIT THE ER
Incidence of Drug ABUSE in pain practice

- 2004 Manchikanti: 20-24% (42% Medicaid)
- 2002 Atluri: 20-24%
- 2001 Manchikanti: 24%
- 1997 Chabal: 27%
- 1992 Fishbain: 3.2—20%
- 1998 Jonasson: 22%
- 1995 Hoffmann: 23.4%
The Problem: The Raising Cost of Health Care
Where health care spending goes

The cost of health care in the U.S. does every year it now exceeds $2 trillion annually, representing 16% of the nation's gross domestic product in 2007. Where does it go?

Physician compensation

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>$305,496</td>
</tr>
<tr>
<td>Family medicine</td>
<td>$175,096</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>$160,638</td>
</tr>
<tr>
<td>Internists</td>
<td>$133,908</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$125,945</td>
</tr>
<tr>
<td>Sports medicine</td>
<td>$125,130</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>$113,903</td>
</tr>
<tr>
<td>Orthopedic surgery</td>
<td>$105,000</td>
</tr>
<tr>
<td>Cardiology</td>
<td>$100,000</td>
</tr>
<tr>
<td>Neurology</td>
<td>$100,000</td>
</tr>
<tr>
<td>Allergy and immunology</td>
<td>$185,000</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>$190,000</td>
</tr>
<tr>
<td>Dermatology</td>
<td>$120,000</td>
</tr>
<tr>
<td>Radiology</td>
<td>$150,000</td>
</tr>
<tr>
<td>Laboratory</td>
<td>$100,000</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>$150,000</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>$130,000</td>
</tr>
<tr>
<td>Pediatric surgery</td>
<td>$120,000</td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>$130,000</td>
</tr>
<tr>
<td>Critical care</td>
<td>$120,000</td>
</tr>
<tr>
<td>General surgery</td>
<td>$120,000</td>
</tr>
<tr>
<td>Other professional</td>
<td>$120,000</td>
</tr>
</tbody>
</table>

Net cost of U.S. health care insurance

| Net cost of health care insurance | $385,000|

Where $2.2 trillion was spent on U.S. health care

- Hospital care: 22.6%
- Physician and clinical services: 20.4%
- Prescription drugs: 15.4%
- Other health care: 10.1%
- Medical equipment: 7.9%
- Medical supplies: 5.1%
- Other: 3.1%
- General medical: 2.9%

ASIPP
The Voice Of International Pain Management Since 1997
## High-cost medical conditions

Total expenses for 15 medical conditions that cost at least $20 billion to treat in the USA in 2006:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Cost, in billions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart conditions</td>
<td>$78</td>
</tr>
<tr>
<td>Trauma-related disorders</td>
<td>$68.1</td>
</tr>
<tr>
<td>Cancer</td>
<td>$57.5</td>
</tr>
<tr>
<td>Mental disorders</td>
<td>$57.4</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease, asthma</td>
<td>$51.3</td>
</tr>
<tr>
<td>Hypertension</td>
<td>$48.5</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>$48.3</td>
</tr>
<tr>
<td>Osteoarthritis and other non-traumatic joint disorders</td>
<td>$37.5</td>
</tr>
<tr>
<td>Normal birth (live born)</td>
<td>$37.5</td>
</tr>
<tr>
<td>Back problems</td>
<td>$35</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>$26.3</td>
</tr>
<tr>
<td>Other circulatory conditions, arteries, veins and lymphatics</td>
<td>$26.3</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>$26.2</td>
</tr>
<tr>
<td>Other central nervous system disorders</td>
<td>$23.8</td>
</tr>
<tr>
<td>Disorders of the upper GI</td>
<td>$20.6</td>
</tr>
</tbody>
</table>

Source: Centers for Medicare and Medicaid Services

Source: Medical Expenditure Panel Survey, 2006
How Much Is a TRILLION Dollars?

One million seconds equals 12 days.
One trillion seconds is more than 34,000 years.

The White House projects the federal debt will grow by more than $10 trillion in the next 10 years.
This is in addition to the projected $1 trillion Medicare and Social Security debt.

$43 TRILLION

THE DEBT DISASTER:
It's Closer Than You Think

Reading speech to Congress: "A trillion dollars would be a stack of $1,000 bills 67 miles high." President Reagan said in 1981 of the nation's debt, which was $934 billion.
Explosive Growth

- Surgery
- Opioids
- Disability
- Interventional Techniques
‘A SINGLE VISIT TO THE DOCTOR CAN YIELD 7000 DOLLARS’ – ART JORDAN M.D.
WHAT IS PAIN

WHY NOBODY LIKES TO TREAT PAIN

RISK

SCIENCE OF PAIN

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DRUGS, DRUGS, DRUGS

PUT IT TOGETHER -- TREATING PEOPLE
IT’S LOGICAL
KIRK IS A CRACK-HEAD
CHRONIC PAIN
Acute Pain

Pain is a symptom of disease and is self limited.

1. Provoked by
   a) noxious stimulation
   b) tissue injury
   c) abnormal functioning of somatic structures
      (in emotional, psychological, and autonomic
      responses, responses are secondary).

2. Has a biologic function
   a) alerting, warning
   b) resting, healing
Chronic Pain

Pain, itself, is the disease. It persists beyond the usual course of acute disease.

1. Provoked by
   a) chronic pathological process
   b) dysfunction of CNS
   c) psychological and learned environmental factors
   d) autonomic and neural endocrine responses may be absent
   e) a vegetative state may emerge

2. Chronic pain never has a biological function
Substance P sensitizes the central nervous system.
DEPRESSION, PAIN, AND THE SICK NEURON!
Ketamine

**Low dose** --- distortion space/time, occasional hallucination, mildly dissociative

0.1-0.5 mg/kg

**High dose** --- severe distortion disconnect
Chronification of Pain

A. Apakarian, Ph.D

**Structural MRI vs. Functional MRI**

*Structural MRI reveals brain anatomy.*

*Functional MRI (fMRI) reveals brain function.*
Addiction properties predict pain chronification
Chronification

“Chronic pain is intimately linked with brain addiction circuitry”

Emotion = chronic pain
Brain is different in patients with chronic pain. 90% plus prediction whether patient will have chronic pain 1 year later.
The “Hijacked” Brain Hypothesis

- Addictive drugs act on the same brain–reward substrates and mechanisms as do natural biologically–essential rewards (e.g., food, sex, etc)
- Addictive drugs derive much of their addictive power by activating these brain–reward substrates and mechanisms more powerfully than natural biologically–essential rewards (e.g., food, sex, etc)

- Experimental evidence for this
Neurobiology of Addiction

The Reward Pathway

THE STUPID CENTER
Chronification

Chronic pain activates emotion, limbic circuitry pain distorts NAC activity for acute pain
Chronification

Smoking is a predictor

Brain reward circuit = chronic pain

DOPAMINE
ADDICTION

- REWARDING
- REINFORCING
- PLEASURE
- ACTIVATE BRAIN CIRCUITRY
- DEGREE OF ACTIVATION CORRELATES WITH ADDICTION TENDANCY

- REWARD NEUROTRANSMITTER IS........ **DOPAMINE**
  *(DA)*
Dopamine

MOTHER OF ALL ADDICTIVE THINGS

Adopted from Principles of Addiction Medicine 4th Edition
Progressive Ratio Self-Administration

- Designed to progressively increase the workload on the experimental animal i.e. first push yields injection, then requires 2 pushes for injection, then 4, 8, 16, 32

- Break point is defined as the ratio when the animal will abruptly STOP pushing to get injection
Electrode Stimulation

NAc VTA

FCX

OFC

DOPAMINE

ICSS

VTA

Electrode Stimulation
Reward Pathway

Most drugs of abuse have a relationship to the limbic system.

Addictions alter neurochemistry in the limbic system.

Drug seeking is driven by emotion, not logic.

KIRK IS A CRACK HEAD.
EXPECT THEM TO SCREW UP

EXPECT RELAPSE

DISCHARGE IS A POOR OPTION
WHAT IS PAIN

WHY NOBODY LIKES TO TREAT PAIN RISK

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WATME

CAN BELIEVE ANYTHING IF YOU CHOOSE TO IGNORE THE FACTS
Only The Dog Knows For Sure
WHAT ROUTE

EBM
Evidence Based

What Works

What’s Junk

42.7% of all statistics are made up on the spot
Physician concept of EBM

◆ Clinical Experience

Making the same mistake with increasing confidence for an impressive number of years  Vs

◆ Evidence-Based Medicine

Perpetuating other peoples’ mistakes instead of your own
Evidence based medicine is defined as the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.
Opioid Dependence and Chronic Pain

- There is limited evidence of usefulness of long term or high dose (>100 mg morphine equivalents/day) opioid therapy for chronic, non-malignant pain
  - Treatment Agreement/Informed Consent (documentation of risk/benefit) advised
  - Treatment Agreement should stipulate:
    - Opioid treatment is trial and will be continued if there is benefit/tapered and discontinued if there is no apparent benefit
    - One physician/one pharmacy/State Prescription Drug Monitoring Program will be checked
    - UDS when requested/medication level if requested
Opioids

Use requires intensive monitoring

Very little evidence that they promote enhanced functional lifestyle, return to work capacity, or other measurable functional enhancements.
GENETICS

“MY HYDRO DON’T WORK”

PERSONALIZED MEDICINE
I HATE SUBOXONE !!!!!
I Hate Suboxone

- It is substituting one drug for another
- Filthy side effects
- More work
Opioid Abuse: Epidemiology

- **Prevalence: Heroin**
- **2009:** 178,000 new users
- **620,000** current users
- “Addiction” est. at 426,000 (increase from 214,000 in 2010)
  - NSDUH, 2011
- **0.7-0.9% (125,000)** 8th, 10th, 12th graders endorse trying heroin at least once in the year prior to interview (2005-2009)
  - Monitoring the Future, 2010
### Buprenorphine vs. Withdrawal and Drug-Free Treatment for Heroin Dependencies

<table>
<thead>
<tr>
<th>Treatment Duration (Days)</th>
<th>Remaining in Maintenance Treatment</th>
<th>Remaining in Detoxification Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>First day</td>
<td>20 patients</td>
<td>20 patients</td>
</tr>
<tr>
<td>10 days*</td>
<td>19 patients</td>
<td>8 patients</td>
</tr>
<tr>
<td>20 days</td>
<td>19 patients</td>
<td>3 patients</td>
</tr>
<tr>
<td>30 days</td>
<td>19 patients</td>
<td>2 patients</td>
</tr>
<tr>
<td>60 days**</td>
<td>19 patients</td>
<td>0 patients</td>
</tr>
</tbody>
</table>

*At 10 days, four subjects in the control group died

**Even with enriched psychosocial services, all participants in the detoxification group dropped out of the study by 60 days, but 80% of the maintenance group were retained in treatment.
Buprenorphine vs. Withdrawal and Drug-Free Treatment for Heroin Dependencies

*At 10 days, four subjects in the control group died

**Even with enriched psychosocial services, all participants in the detoxification group dropped out of the study by 60 days, but 80% of the maintenance group were retained in treatment.
The use of illicit opioids during pregnancy, with associated risk of infection and overdose, is life-threatening to both the pregnant addict and the fetus.

Several studies have been completed with compare methadone and buprenorphine, showing both medications to be safe and effective.

Studies suggest that pregnant, opioid-addicted women can be successfully treated with buprenorphine with minimum effects on the fetus (Fischer et al., 1998, 1999)
Opioid Replacement Therapy In Pregnancy and In the Neonatal Period

- Methadone maintenance has been considered the gold standard; BUP shown to be effective as well in a comparison of the two drugs in pregnant, opioid-dependent women (MOTHER study) (Jones et al. 2010)

Opioid Therapy:
- Removes mother from drug-using environment
- Women are more likely to get obstetrical care
- Reduces obstetrical complications
- Improves maternal/fetal nutrition
- Increases birth weight

- Pregnant opioid addicted women benefit from structure and psychosocial support of treatment
- Opioids not teratogenic
HIV and Opioid Dependence

- Opioid replacement therapy associated with:
  - Reduced high risk behaviors: reduced needle use, less chaotic lifestyle
- Treatment of HIV-associated pain may become issue: e.g.: neuropathy may be treated with an anticonvulsant, avoid CBZ because it can induce methadone or buprenorphine metabolism
- Can use methadone or buprenorphine/naloxone for opioid dependence; naltrexone in selected cases
- Few clinically significant drug interactions between buprenorphine and antiretroviral medications

See [www.PCSSB.org](http://www.PCSSB.org) Guideline on Opioid Therapies, HIV disease, and Drug Interactions by McCance-Katz
Adolescents

- The rate of opioid abuse and dependence in adolescents has been increasing in recent years, principally due to a surge in abuse of prescription opioid (pain) medications by adolescents.

- Prescription opioid abuse prevalence in youth
  - 12th graders:
    - 1992: 3.3%
    - 2007: 9.2%
    - 179% increase over 15 years
Adolescents

<table>
<thead>
<tr>
<th></th>
<th>OxyContin</th>
<th></th>
<th>Vicodin</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th</td>
<td>1.8%</td>
<td>8th</td>
<td>2.7%</td>
</tr>
<tr>
<td>10th</td>
<td>3.9%</td>
<td>10th</td>
<td>7.2%</td>
</tr>
<tr>
<td>12th</td>
<td>5.2%</td>
<td>12th</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

Source: Monitoring the Future, 2007

Pharming: parties where young people mix prescription medications and ingest some or all at once, unaware of potentially severe drug interactions

Some of these adolescents may become addicted to opioids
PAIN

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PUT IT TOGETHER -- TREATING PEOPLE
WE’VE GOT AN EPIDEMIC HERE…..

IT’S LEGAL!
“THERE IS NO PLACE FOR XANAX IN CONTEMPORARY MEDICINE”

“STRONGLY OPPOSE MARIJUANA”

“SOMA? WHAT FOR”--- WATME
Police Arrest 'Easter Bunny' On Drug Charges

Danville PD: Pills Seized From Man In Easter Bunny Costume

POSTED: 10:11 am EDT April 7, 2012
UPDATED: 10:42 pm EDT April 7, 2012

DANVILLE, Va. -- A man who was working as the Easter Bunny at Danville’s Piedmont Mall was arrested Friday after police said he was caught with pills without a valid prescription.

According to the Danville Police Department, 24-year-old Joshua Lee Bolling was charged with illegally possessing prescription narcotics.

The investigation began after police said they received complaints from mall businesses and management of behavior suggestive of possible criminal drug activity involving the man working as the Easter Bunny.

Police said that Bolling was a contract worker for an outside company providing the Easter activities and was not employed by Piedmont Mall.

Bolling was asked to accompany officers away from the public area where he was working and he was escorted to a private changing area where he removed his costume and was arrested, officers said.

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10% OFF MEDS WITH APPOINTMENT
$50 INITIAL VISIT
Conveniently located on Hallandale Beach Blvd, 1 block west of US1
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WELCOME TO SUNNY FLA!
New Patient Special $25
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- Chronic Pain
- Fibromyalgia
- Anxiety
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- Depression
- Nerve Blocks / Injections

$25 Initial Visit
(must bring in ad)

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Detox Now Available

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ALL MEDS IN STOCK!!

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FAST & FRIENDLY SERVICE

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CONER OF 38TH & MAIAMI AVE

NO APPOINTMENT NEEDED
WE'RE HERE FOR YOU!
877.6MIDTOWN
Chronic nonmalignant pain patients RX with narcotics, and other controlled substances…

some of the most challenging

Why?........
Drug seekers are clever, manipulative, and often successful time-robbers of the physician.
Major racial/ethnic groups:

- American Indians/Alaskan Natives...12%
- Bi-racial...12%
- Hawaiians & Pacific Islanders...11%
- Blacks...8.7%
- Whites...8.3%
- Hispanics...8%
- Asians...3.8%
Adults who have completed 4 YEARS OF COLLEGE are MORE LIKELY to experience an illicit drug than those who didn’t complete high school

51.1% vs. 38%
75% of illicit drug users are employed full or part time.
Beware of the

“OXYGENARIAN”

“Young man, my nephew gives me enough money for those extra Oxycontin® pills to help pay for my heart medication and utilities”.
Read your Newspapers
PRESTONSBURG, Ky. - Dottie Neeley, 87, was fingerprinted, photographed and thrown in jail, imprisoned as much by the tubing from her oxygen tank as by the concrete and steel around her.

The woman -- who spent two days in jail after her arrest last December -- is among a growing number of Kentucky senior citizens charged in a crackdown on a crime authorities say is rampant in
OXYGENARIAN
Federal & State Prescribing Requirements for **Controlled Substances**

To comply with federal and state laws, a prescription for a controlled substance must be issued:

- *for a legitimate medical purpose*
- *by an individual practitioner*
- *acting in the usual course of professional practice*

Source: Controlled Substances Act [21 USC 829; 21 C.F.R. 1306.04(a)]

Adopted from John Coleman, Retired US DEA Assistant
triangle of delivery

Availability (DEA’s end)
- Distribution to the pharmacist
- Initiation by the evaluating physician as to legitimate medical need, & provided a prescription
LEGITIMATE MEDICAL NEED

(purpose)

REQUIRES:
Supportive Assessment & Documentation

Determined by Community Standard

NO CLONES
DOCUMENT, DOCUMENT, DOCUMENT
URINE DRUG TESTS
The WHIZZINATOR

ORIGINAL
“Economy Model”

Accept no substitute
Pass Drug Test - Hair Follicle Test - Pass Drug Testing

"Your LIFESTYLE Your PRIVACY Its Your RIGHT"
Pass USA Believes What You Do After Work Is Your Business Keeping That Way Is Our Business. Are You Subject To Random Drug Testing, Are You An Athlete, Starting A New Job, Or On Patrol? Here At Pass USA It's One Stop Shopping For All Of Your Detoxifying Needs. We Have All The Products You Need To Pass A Urine Drug Test Or Hair Follicle Test. We Even Sell Drug Tests So You Can Test Yourself For As Little As $5.95 Each. Order By 4 pm Today East Coast Time Receive Tomorrow From Fed-X By 10:30 Am, Most Areas.

FREE Overnight Shipping with $135.00 Purchase. A $24.95 Savings.

Check Out Our Informative Links Below Drug Detect Times And False Positives Page Also Ask Questions On Our Drug Testing Pass Drug Testing Discussion Forum

CLICK ON PRODUCT NAME BELOW FOR MORE INFORMATION AND TO BUY ONLINE

- De-Tox Drinks
- The Butt Wedge
- Drug Test Panels
- Pre-Tox Capsules
- Quick Flush Capsules
- Quick Fix Synthetic Urine
- Urine Luck Additive
- Hair Follicle Shampoo
- Ultra Saliva Wash
- Zip N Flip
- Ultra Clean XL Drink
- Synthetic Urine
- Urine Luck
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- Pass Hair Follicle Test
- Urine Luck Pre-Tox Capsules
- Ultra Saliva Wash
- Quick Flush Capsules
- Zip N Flip Detox Bag
9 Panel One Step iCup -
(COC, THC, OPI, AMP, METH, PCP, BZO, BAR, MTD)
The iCup Drug Screen Cup is the simplest, self-contained on-step drug test. Results are visible within minutes. A positive result is indicated with one line and a negative result with two. An additional bonus with the iCup is that you may photocopy the results allowing you to maintain a visual record of the test. iCup offers a completely closed system for total urine specimen integrity and easy collection. The clear construction gives optimum observation of urine specimen. The iCup drug screen kit is a single unit with no dipping or pouring. Test results develop quickly in the sealed unit. The system remains closed until disposal of the device. The iCup drug screen is zero exposure, leak-proof and tamper-proof. FDA Approved, 99% Accurate, Set to the SAMSHA Cut-off levels, Results are Ready in Minutes Have an 18 month shelf-life
Finnigan MAT LCQ MS
Drug Detection Periods in Various Matrices

Source: E.J. Cone, Addiction Research Center
DURATION FOR A POSITIVE SCREEN

• AMPHETAMINE  2-4 DAYS
• METHAMPHETAMINE  2-4 DAYS
• BARBITURATE  2-30 DAYS
• BENZODIAZEPINE  UP TO 30 DAYS
• COCAINE  1-3 DAYS
• HEROIN/MORPHINE  1-3 DAYS
• MARIJUANA  CHRONIC - 30-70 DAYS
  OCCASIONAL - 1-3 DAYS
• METHADONE  A LONG TIME  2-4 DAYS,
  MAYBE LONGER (150 HOURS)
• PCP  2-7 DAYS  OCCASIONAL USE
  CHRONIC  UP TO 30 DAYS
WHAT IS PAIN

WHY NOBODY LIKES TO TREAT PAIN  RISK

SCIENCE OF PAIN

WHAT’S THE EVIDENCE

DRUGS, DRUGS, DRUGS

PUT IT TOGETHER  --  TREATING PEOPLE
YOUR WAITING ROOM

3 p.m. Friday afternoon....
Ginger       Mary Ann
PHARMACEUTICAL REPRESENTATIVES
What A Real Clinic Has

- First – Credentials
  - 4 years medical school
  - 4 years residency
  - Usually fellowship

THE FOREVER SCOPE OF CARE ISSUE
What A Real Clinic Has

- Second – Boards
  - Primary Specialty
  - AAPM
  - APS
  - FIPP
  - ASIPP
  - ABMS
What A Real Clinic Has

- Third – A Real Facility
  - The Duck
  - Operational Boundaries

DOES NOT ALWAYS LOOK ROSEY

MONITOR AND RESPOND
Just prior to the kickoff of Superbowl XLIII, on field reporters from NBC credited Hines Ward's rapid recovery with a knee sprain (MCL) to Platelet Rich Plasma therapy.

PRP in the Sports News

Takashi Saito, a star pitcher for the LA Dodgers suffered a tear of his ulnar collateral ligament.
AND WE DO EXAMINE PEOPLE
What A Real Clinic Has

- Fourth – Staff
  - How long have they been there?
  - Are they happy?
  - Are they over paid?
  - Timing of raises
  - Desperation Index (location)
What A Real Clinic Has

- Fifth – Location, Location, Location
GOOD MORNING!
What A Real Clinic Has

- And Finally
  - Is it cash?
  - Do they take Medicare and Medicaid
From a compassionate standpoint I want to relieve pain …

From a realistic standpoint I must improve function

DO NOT CHASE PAIN!
Give ‘em what they need...

Not what they want
The Flawed Fibro Construct

Cannot separate art from science. We can heal, but not always cure, and vice versa.

Treatment Failure should be expected when a “disease” is really a syndrome.
MOST IMPORTANT RULE OF ALL....

LOVE THEM WHERE THEY’RE AT

YOU CAN’T CURE EVERYONE!
BLESS HER HEART SYNDROME

AN INTERVENTIONALIST APPROACH

Hans C. Hansen, MD
END OF IMPROVEMENT
THANK YOU
FOR YOUR PATIENCE
An optimist laughs to forget, a pessimist forgets to laugh.
A man takes his Rottweiler to the vet and says, "My dog's cross-eyed, is there anything you can do for him?"
"Well," says the vet, "let's have a look at him" So he picks the dog up and examines his eyes, then checks his teeth.
Finally, he says "I'm going to have to put him down."

"What?, Because he's cross-eyed?"
"No, because he's really heavy"
Thank You
DR. SMITH  DR. JONES

CATATONICS

HIGH COLONICS
DR. SMITH  DR. JONES
MANIC DEPRESSIVES
ANAL-RETENTIVES
DR. SMITH  DR. JONES

MINDS

BEHINDS
DR. SMITH  DR. JONES

LOST SOULS

A HOLE
DR. SMITH  DR. JONES

ANALYSIS

ANAL CYSTS
DR. SMITH  DR. JONES

NUTS AND BUTTS

FREAKS AND CHEEKS
DR. SMITH  DR. JONES

LOONS

MOONS
DR. SMITH  DR. JONES

ODDS

AND

ENDS
DR. SMITH  DR. JONES

PSYCHIATRY

PROCTOLOGY
DR. SMITH  DR. JONES

HYSTERIAS

POSTERIORS
DR. SMITH  DR. JONES

SCHIZOIDS

HEMORRHOIDS
DR. SMITH  DR. JONES

CATATONICS

HIGH COLONICS
DR. SMITH  DR. JONES
MANIC DEPRESSIVES
ANAL-RETENTIVES
DR. SMITH DR. JONES
MINDS
BEHINDS
DR. SMITH DR. JONES

LOST SOULS

A HOLES
Dr. Smith  Dr. Jones

Analysis

Anal Cysts
DR. SMITH  DR. JONES
NUTS AND BUTTS
FREAKS AND CHEEKS
DR. SMITH DR. JONES

LOONS

MOONS
DR. SMITH  DR. JONES

ODDS

AND

ENDS